

## **Pelvic Floor Dysfunction**

### What is pelvic floor dysfunction?

Pelvic floor dysfunction refers to a group of disorders causing problems with storing and evacuating bowel movements and pelvic pain. The symptoms may be severe and even socially disabling, causing patients to fail to seek medical treatment due to embarrassment. It is important for patients to understand that these disorders are quite common, and a thorough, step-wise approach to evaluate their symptoms may offer prompt diagnosis and treatment for what often is a long-standing, frustrating problem.

### What are the types of pelvic floor dysfunction?

The spectrum of pelvic floor dysfunction includes:

-Rectocele – a disorder in women in which a bulging of the rectum into the back wall of the vagina occurs when the muscular wall separating the rectum and vagina becomes weak. Symptoms are usually due to stool trapping with the rectocele, difficulty passing stool, and the sensation of the bulge itself on the back wall of the vagina through the vaginal opening when straining with bowel movements.

-Paradoxical Puborectalis Contraction –occurs when the puborectalis muscle, which acts as a sling around the lower rectum to help control bowel movements at rest, does not relax appropriately during the act of having a bowel movement. Symptoms include the sensation of “pushing against a closed door.”

-Pelvic pain syndromes:

-Levator Syndrome –episodic vague, dull, or achy pressure sensation high in the rectum.

- Coccygodynia – distinct pain with pressure on, or manipulation of, the coccyx, or tailbone, usually due to a history of trauma to the tailbone.

-Proctalgia Fugax – fleeting pain in the rectum that often wakes patient from sleep and may last for minutes, thought to be due to spasm of the rectum and/or the muscles of the pelvic floor.

-Pudendal Neuralgia – chronic pain in the pelvic floor in distribution of the pudendal nerves, which are the main sensory nerves of the pelvis.

### How is pelvic floor dysfunction evaluated?

The most important aspect of the pelvic floor dysfunction evaluation is a careful history of the patient's symptoms and a thorough physical examination. The coordinated function of the various nerves and muscles involved in holding on to, as well as evacuating, bowel movements is very complex. A number of tests may be ordered by your physician to help guide the diagnosis and treatment to include:

-Endoanal/Endorectal Ultrasound – provides anatomic pictures of the structures of the anus and rectal wall.

-Anorectal Manometry Testing – evaluates function of the muscles of the pelvis, rectum, and anus.

-Pudendal Nerve Motor Latency Testing - evaluates the function of the nerves to the pelvic floor and anal sphincter muscles.

-Electromyography (EMG) – another means of evaluating the activity of the nerves and muscles of the anal sphincter and pelvic floor.

-Video Defecography – special type of x-ray study to evaluate the coordination of the movement of the muscles of the pelvic floor during a bowel movement.

-Colonic Transit Study – evaluates passage of stool through the colon and helps to identify potential causes of chronic constipation.

#### [How is pelvic floor dysfunction treated?](#)

A number of treatment options are available for pelvic floor dysfunction, depending on the type of dysfunction and the severity of symptoms. Dietary changes, such as increasing fiber and fluid intake, may be helpful. Biofeedback, a special form of pelvic floor physical therapy aimed at improving a patient's rectal sensation and pelvic floor muscle contraction, may also be helpful for a number of types of pelvic floor dysfunction. Electrical stimulation of the pelvic floor muscles may be beneficial in some circumstances. For pelvic pain syndromes, the goal of treatment is relief or reduction of symptoms. This can often be accomplished with biofeedback, massage therapy, electrical stimulation, or injection of local anesthetic and/or anti-inflammatory agents. Surgical treatment is rarely indicated for the management of pelvic floor dysfunction, with the exception of large, symptomatic rectoceles.

#### [What is a colon and rectal surgeon?](#)

Colon and rectal surgeons are experts in the surgical and non-surgical treatment of diseases of the colon, rectum, and anus. They have completed advanced surgical training in the treatment of these diseases, as well as full general surgical training. They are well versed in the treatment of both benign and malignant diseases of the colon, rectum and anus and are able to perform routine screening examinations and surgically treat conditions, if indicated to do so.